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Inder the Paperwork Reduction Act of 1995, no persons are required to resp ond to a collection of information unless it displays a valid OMB control nu Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/518,201 FEE TRANSMITTAL Filing Date October 6, 2005 For FY 2009 First Named Inventor Wei T. Huang Examiner Name Tae H. Yoon Applicant claims small entity status. See 37 CFR 1.27 Art I Init 1796 TOTAL AMOUNT OF PAYMENT 420.00 Attorney Docket No. H0005631.68465 US -4780 METHOD OF PAYMENT (check all that apply) Credit Card Money Order Other (please identify): Deposit Account Deposit Account Number: 500977 Deposit Account Name: Buchalter Nemer For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity Application Type Fee (S) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (S) 330 Utility 165 540 270 220 110 Design 220 110 100 50 140 Plant 220 110 330 170 165 85 Reissue 330 165 540 270 650 325 Provisional 220 110 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 Total Claims Extra Claims Fee (\$) Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1,16(s). Total Sheets Number of each additional 50 or fraction thereof Extra Sheets Fee (\$) Fee Paid (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fce (no small entity discount) Other (e.g., late filing surcharge): 3 Terminal Disclaimers 420.00 SUBMITTED BY Registration No. 46.264 Signature Telephone 949-224-6282 Date

The collection of Information is required by 37 CPR 1.136. The Information is required to obtain or retain a benefit by the public which is to fie (and by the USPT) to process an amplication. Confidentiality is governed by 35 U.S. C. 124 and 37 CPR 1.14. This collection is established to the 20 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Then wit very depending upon the individual case. Any comments on the amount of finery our require to complete his flowm and/or subgestions for neighboring the burden, and/ord be sent to the Chief Information Officer. U.S. Patient and Trademark Office. U.S. Department of Commence. P.O. Box 1459, Meximatifie, VA 22313-1450. D. NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND INTO Commissionator for Patients, P.O. Box 1459, Meximatifie, VA 22313-1450.